

Bruce Rauner
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Woods, Lawrence

11/21/17
Date

ID#: B15395

Facility: Stateville

This is in response to your grievance received on 10/23/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 12/16/16 Grievance Number: H1186 Griev Loc: Stateville

- ☐ Transfer denied by the Facility
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)
- ☐ Commissary / Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies, etc.)
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Medical--treatment for knee (MRI, low back permit, outside physician visit)

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, In accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Other: The actual treatment ordered is not within jurisdiction of this office and must be ordered by the attending physician.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED: John R. Baldwin
John R. Baldwin
Acting Director

CC: Warden, Stateville Correctional Center
Woods, ID# B15395

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

**PLAINTIFF'S
EXHIBIT
C**

Knauer, Debbie

From: Utke, Tiffany
Sent: Wednesday, November 29, 2017 10:35 AM
To: Knauer, Debbie
Subject: RE: Terrance Woods B15395

Per the clinic note, mold was a suspect but did not say where the mold was. I believe this is all self-reporting from the offender. He has been seen multiple time regarding his issues. He was seen on these dates. 9/6, 9/20, 10/30, 11/13, and 11/27.

From: Knauer, Debbie
Sent: Wednesday, November 29, 2017 9:53 AM
To: Miller, Michelle R.
Cc: Utke, Tiffany
Subject: RE: Terrance Woods B15395

Please advise as I am unable to finalize the grievance without your response.

Debbie Knauer

From: Knauer, Debbie
Sent: Wednesday, October 18, 2017 9:19 AM
To: Miller, Michelle R.
Cc: Utke, Tiffany; Connors-Johnson, Debra
Subject: Terrance Woods B15395

I am reviewing a grievance from Woods dated 5/24/17 wherein he states the mold in the school/law library as caused him numerous health issues with the latest issue being eye pain and irritation. The G.O. response states the optometrist exam indicates "suspect mold as etiology of eye allergies". Can you tell me what treatment he has received and if the mold is what caused the eye irritation?

Thanks

Debbie Knauer
Office of Inmate Issues
Administrative Review Board
217-558-2200 Ext. 2035
Fax 217-522-1957

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AUG 02 2017

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Optometric Examination

Stateville

Center

ADMINISTRATIVE
REVIEW BOARD☐ Baseline ☐ Annual

Date: 4.5.17

Time: 1215 ☐ a.m. ☒ p.m.

Offender Information:

Woods

Last Name

Terrance

First Name

ID#: B15395

MI

Chief Complaint:

Eye irritation O.U.

HPI:

Location:

Duration:

Onset:

Severity:

Timing:

Modifiers:

Ocular History:

☐ Cataracts:☐ Glaucoma:☐ Disease:☐ Trauma/Surgery:☐ Strabismus:☐ Amblyopia:

Medical History:

☐ NIDDM☐ IDDM☐ Hypertension☐ Other:

Visual Acuity:

Uncorrected Distance:

☐ OD 20/☐ OS 20/☐ OU 20/

Uncorrected Near:

☐ OD 20/☐ OS 20/☐ OU 20/

Refraction:

OD

20/

Type: ☐ SV ☐ Bifocal

OS

20/

Date: / /

Near:

OD

20/

Type: ☐ SV ☐ Bifocal

OS

20/

Date: / /

Pupils:

☐ Round☐ Equal☐ Responds to Light/Accommodation☐ APD

Motilities:

☐ Full☐ Abnormal

Confrontational Fields:

☐ Full☐ Abnormal

Tonometry:

☐ Applanation☐ Tonopen☐ NCT

OD

OS

Time: / /

Cover Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Eso			Cornea	RL	
Exo			Conjunctiva		RL
Tropla			Iris/Ant. Chamber	RL	
Phoria			Lens		
Ortho			Lids/Lashes		

Grade 2 Hyperemia O.U.
Blepharconjunctivitis O.U.

Retinal Findings:	WNL	ABNL	Right	Left	Method:
Disc	RL				<input type="checkbox"/> Direct
Vessels					<input type="checkbox"/> BIO
Macula					<input type="checkbox"/> 78D
Periphery					<input type="checkbox"/> 3 mirror
Vitreous					<input type="checkbox"/> Other:

Cup to disc: OD .25 OS .25 Cup Depth: ☐ Deep ☐ Moderate ☐ Shallow ☐ PE 2.5% Trop 1%

Assessment/Plan:

1. Blepharconjunctivitis O.U.
2. Suspect mold as etiology of eye allergies
- 3.
- 4.
- 5.

Medications Ordered:

Ketotifen ophth. sol & Polyvinyl Alcohol

Eyeglasses Ordered:

Frame:

Size:

Color:

Rx: OD

Add:

Seg Height:

OS

☐ SV☐ FT28☐ Reading Only

PD

Timothy J. Foley, OD

Print Doctor's Name

Timothy J. Foley, OD

Doctor's Signature

Follow-Up:

3 months

Date:

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0081 (Eff. 9/2002)

noted 4-5-17 230p